## BEST AVAILABLE COPY

|  |  |                                    |                  | 15                      | Application or Docket Number  |                               |                  |                 |                 |                        |       |                     |                        |
|--|--|------------------------------------|------------------|-------------------------|-------------------------------|-------------------------------|------------------|-----------------|-----------------|------------------------|-------|---------------------|------------------------|
|  | PATENT A   | APPLIC                             |                  | ON FEE Dective Octob    | RD                            |                               | 08/              | 47              | 8197            | <b>7</b> .             |       |                     |                        |
|  |  | CLA                                |                  | AS FILED -<br>Column 1) | PART I                        | -                             | lumn 2)          | SN              | /AL             | L ENTITY               | OR    |                     | R THAN<br>. ENTITY     |
| FOR  | l  | V.                                 | NUMBE            | ER FILED                | N                             | NUMBER                        |                  | RA              | TE              | FEE                    |       | RATE                | FEE                    |
| BASI   | IC FEE   |                                    |                  |                         |                               |                               |                  |                 |                 | 365.00                 | OR    |                     | 730.00                 |
|  | AL CLAIMS  |                                    |                  | 5 minus                 | s 20 = *                      |                               |                  | x\$1            | 1=              |                        | OR    | x\$22=              |                        |
|  | EPENDENT CL/   | :                                  | 4                |                         | us 3 = *                      |                               | /                | х3              | 8=              | 38-                    | OR    | x76=                |                        |
| MUL  | TIPLE DEPEND   | DENT CLAI                          | M PRE            | SENT                    | <u> </u>                      |                               |                  | +12             | <br>20=         |                        | OR    | +240=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                    |                  |                         |                               |                               | TO <sup>-</sup>  | TOTAL 403 -     |                 |                        | TOTAL |                     |                        |
|  |  | CLAIM:                             | S AS             | AMENDED                 | ) - PAR7                      | r    ·                        |                  |                 |                 |                        | OR    |                     | R THAN                 |
| <b></b>  | (Column 1) (Column 2) (Column 3)   |                                    |                  |                         |                               |                               |                  | SA              | ЛAL             | L ENTITY               | OR    |                     | ENTITY                 |
| ENT A  |  | CLAIN<br>REMAIN<br>AFTE<br>AMENDN  | NING<br>ER       |                         | NUM<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA | RA <sup>-</sup> | ΓΕ              | ADDI-<br>TIONAL<br>FEE | ·     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . /                                | 32               | Minus                   | ** 6                          | 70                            | = /2             | x\$1            | 1=              |                        | OR    | x\$22=              | 264                    |
| ME   | Independent  | . (                                | e                | Minus                   | *** 6                         | 4                             | = 2              | 1/23            | <del>}_</del> . | •                      | OR    | ×76≡                | 160                    |
|  | FIRST PRES   | AIM                                | +12              | 0=                      |                               | OR                            | +240=            |                 |                 |                        |       |                     |                        |
| l  |  | (Column                            | n 1)             |                         | (Colu                         | ımn 2)                        | (Column 3)       | TC<br>ADDIT.    | TAL<br>FEE      |                        | OR ,  | TOTAL<br>ADDIT. FEE |                        |
| ENT B  |  | CLAIM<br>REMAIN<br>AFTE            | MS<br>VING<br>ER |                         | HIGH<br>NUM<br>PREVIO         | HEST<br>MBER<br>IOUSLY        | PRESENT<br>EXTRA | RAT             | ΤE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDME  | Total .  | *                                  |                  | Minus                   | **                            |                               | =                | x\$1            | 1=              |                        | OR    | x\$22=              |                        |
| ME   | Independent  | *                                  |                  | Minus                   | ***                           |                               | =                | x38             | 3=              |                        | OR    | x76=                |                        |
| _  | FIRST PRES   | +12                                | 0=               |                         | OR                            | +240=                         |                  |                 |                 |                        |       |                     |                        |
|  |  | (Column                            | n 1)             |                         | ·(Colur                       | ımn 2)                        | (Column 3)       | TO<br>ADDIT.    | TAL<br>FEE      |                        | OR.   | TOTAL<br>ADDIT. FEE |                        |
| ENTC   |  | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | MS<br>NING<br>R  |                         | HIGH<br>NUM<br>PREVIC<br>PAID | HEST<br>MBER<br>OUSLY         | PRESENT<br>EXTRA | RAT             | ΓE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| MQ   | Total  | *                                  |                  | Minus                   | **                            |                               | =                | x\$1            | 1=              |                        | OR    | x\$22=              |                        |
| AMENDMENT  | Independent  | *                                  |                  | Minus                   | ***                           |                               | =                | х38             | }=<br>-         |                        | OR    | x76=                |                        |
|  | FIRST PRES   | +12                                | 0=               |                         | OR                            | +240=                         |                  |                 |                 |                        |       |                     |                        |
| in the   | ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                    |                  |                         |                               |                               |                  |                 |                 |                        |       | TOTAL<br>ADDIT. FEE |                        |